## U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF KELLIN	C.	RCG	this	pite		COURT CASE NUMB	er 2-G.M.	
NURSE BOB HATTIS						TYPE OF PROCESS		
Bo	BB	HA	No., City, State	SHOUSENER	OR DESCR	IPTION OF PROPERTY T	O SEIZE OR CONDEMN	
AT //8/	VAC	200	CK	Kd.	MY	MA D	e 1991	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:						I Number of process to be I served with this Form - 285		
1181 PAddock Rd					Number of parties to be served in this case		27	
Smyc	NA	De.	199	77	Check on U.S	for service S.A.	in Go	
	ator requesting	service on to	ehalf of:	PLAINTIFF  DEFENDA	TELEI	PHONE NUMBER	DATE 5-5-05	
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process		District to Serve			ized USMS Deputy or Clerk Date		
I hereby certify and return that I \( \square\) on the individual, company, corporate								
I hereby certify and return that	I am unable	to locate the	e individual, cor	npany, corporation.	etc., named	d above (See remarks bel	ow)	
Name and title of individual serve	F-F				suitable age and dis- essiding in the defendant's of abode.			
Address (complete only if different t	N	OV - 2 2005		Date of Service  (0/31/05)  Signature of U.S.	Time am  pm  Marshal or Deputy			
Service Fee Total Mileage Cl (including ended		arding Fee	Total Charges	Advance Deposits	Amount	owed to U.S. Marshal or	Amount of Refund	
REMARKS: NO (ON	ger C	2 &	DCC			1 4/6		